Social Security No. (optional)			Drivers License No.			
COBB COUNTY BOARD			. ABSENTEE BA	ALLOT BY MAIL 20	10	
LEASE PRINT	(FAILURE TO FIL	L OUT THE FOR	M COMPLETELY COUL	LD DELAY YOUR APPLICA	ATION)	
DATE OF BIRTH		PHONE #		AIL ADDRESS	,	
NAME AS REGISTERED LAST			FIRST		MIDDLE	
CURRENT ADDRI	RRENT ADDRESS # STREET			CITY ZIP CODE		
Mail the ballot to my te	mporary out-of-county ac	ddress: (or alternate ac	Idress for physically disabled	voter).		
# STREET		CITY		STATE	ZIP CODE	
HEREBY APPLY I	OR AN ABSENT	EE BALLOT FO	R THE FOLLOWING	ELECTION:		
` ' ' '	•	•	p to 180 days prior to Military or Overseas C			
Primary Runoff / Special Election, Sep General & Nonpartisal General & Nonpartisal	ecial Election, July 20, 20 cial Election, August 10, 2 stember 21, 2010 in (Governor's) Election in Election Runoff, Noven cains ONLY the Special	2010 ** CHOOSE A P / Special Election, November 30, 2010	Rune □ De □ Re □ No	For Primary and off Select a Party: mocrat publican onpartisan*		
EXCEPTIONS:	<u> </u>					
	n; may receive a ballox: All absone: MOS – Mil	lot for all Primarie entee ballots as a litary Overseas C	allowed by law	eral Office through the secont of the second		
SIGNATURE OF	MARK* OF VOTER	R - REQUIRED	*Signature of person prepar	ring application if voter is disabled	or illiterate - REQUIR	
sabled voter residing with ephew, grandchild, son-in-	n the county, application law, daughter-in-law, mo swear (or affirm) that the	may be made by moth ther-in-law, father-in-la above-named voter is	er, father, grandparent, brothow, brother-in-law or sister-in-law	residing temporarily out of the cour er, sister, aunt, uncle, spouse, son aw of the age of 18 or over upon c of the county or is a physically of	, daughter, niece, completing the followin	
		SIGNATU	RE AND RELATIONSHIP OF	RELATIVE REQUESTING BALLO	OT - REQUIRED	
•		OF	FICE USE ONLY			
IST. COMBO	PRECINCT		I HEREBY CERTIFY THA	T THE ABOVE NAMED VOTER		
ALLOT #			☐ IS ELIGIBLE	RECEIVE AN ABSENTEE BALLOT	PACKET PREPARED B	
D. SEEN: GADL				DN:		
D. SEEN. GADL	OTHER		INITIALO		PACKET REVIEWED E	
			INITIALS			
lease Fax:	770/528-25					
or Mail:	P.O. BOX 6 MARIETTA,	49		& REGISTRATION	I	
Have	You					
	1	• Signed	your application?	ı		
				ce (if a primary)?		
		Undedn	A DALLA DEDECTOR	ים אוו א מוו בוו ביוו בי		

• Selected only one election?

• Printed your name and address?